

Paediatric Ambulatory Ward

A positive experience

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AIM: To reduce paediatric hospital admissions whilst providing a paediatric advice line to triage referrals

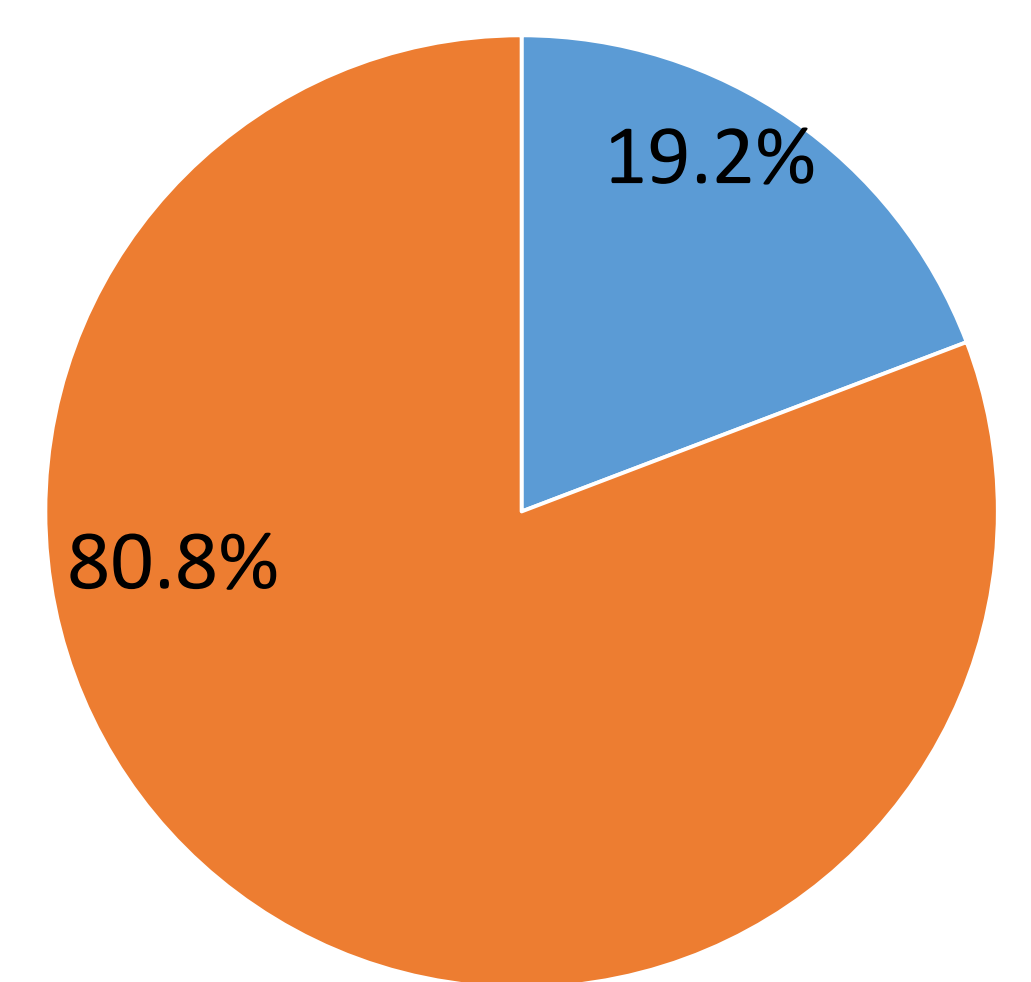
Introduction

Since 2012 the P.A.W. has been manned by the Advanced paediatric Nurse practitioners (ApNp) and Staff Nurses whilst supported by the Medical Staff Grades. The unit is open from 9am-10pm. In 2005 it was noted that current evidence supports a view that acute paediatric assessment services are a safe, efficient, and acceptable alternative to inpatient admission (1) & more recently in 2011 (2) CHAMP reviewed how utilising different models of care can increase childhood experience in hospital and reduce admissions(3). Utilising the Ambulatory model of care our aim is to reduce admissions and provide high quality care (4).

P.A.W. Results

The impact that P.A.W. had on admissions in 2015 was significant
2681 patients attended P.A.W.
1192 required acute assessment.
Only 19.2 % of attenders were admitted (229 children out of 1192).
GPs utilised the service the most.
On average a child stayed for 2-4 hours.
URTI was the biggest presentation followed by LRTI, Feeding issues and Gastro symptoms.

P.A.W. Admissions & Discharges 2015



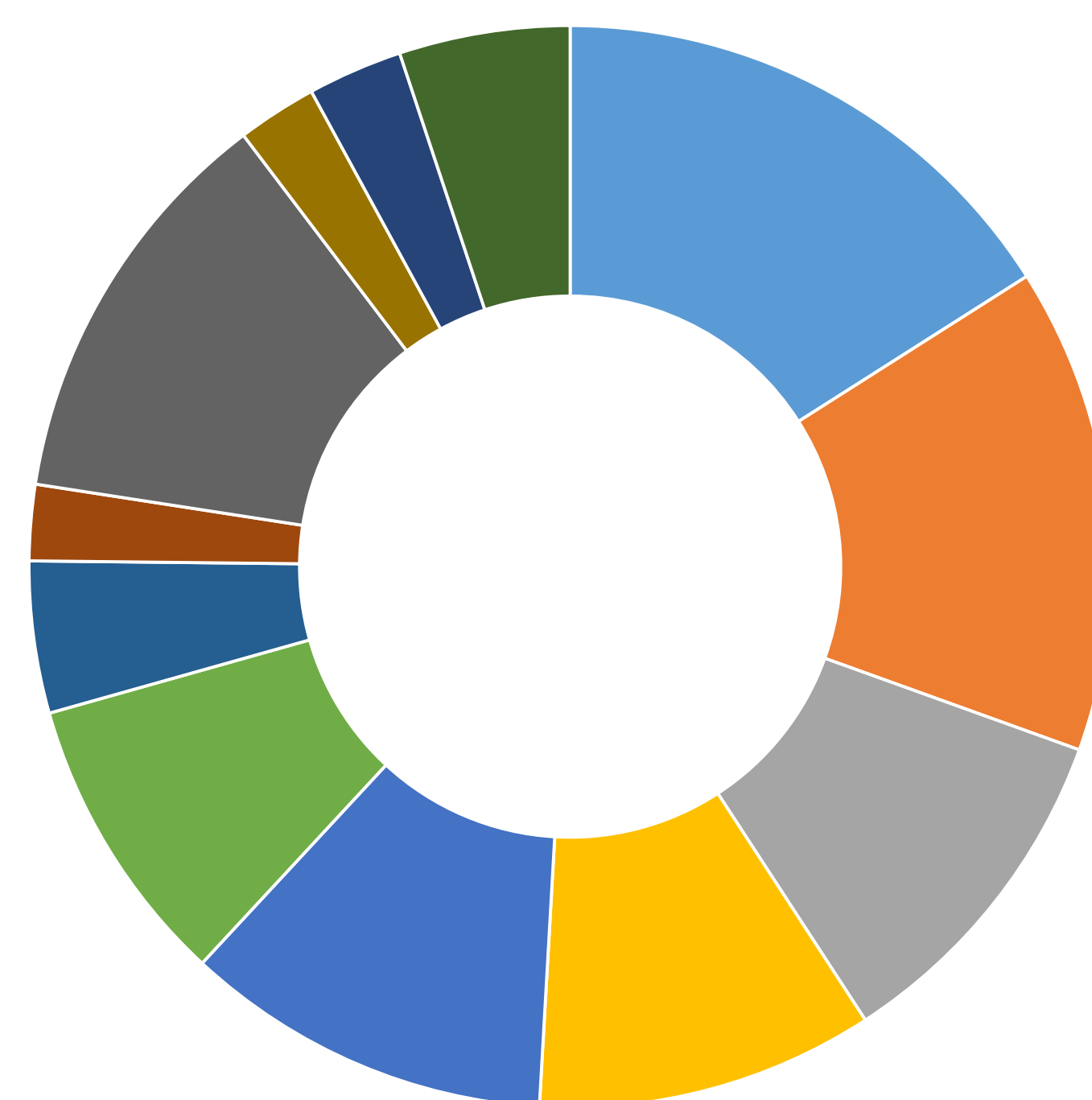
■ Admitted ■ Discharged

Objectives

The objectives of P.A.W. is to assess, diagnose and treat paediatric patients presenting with illnesses that do not require over night admission.

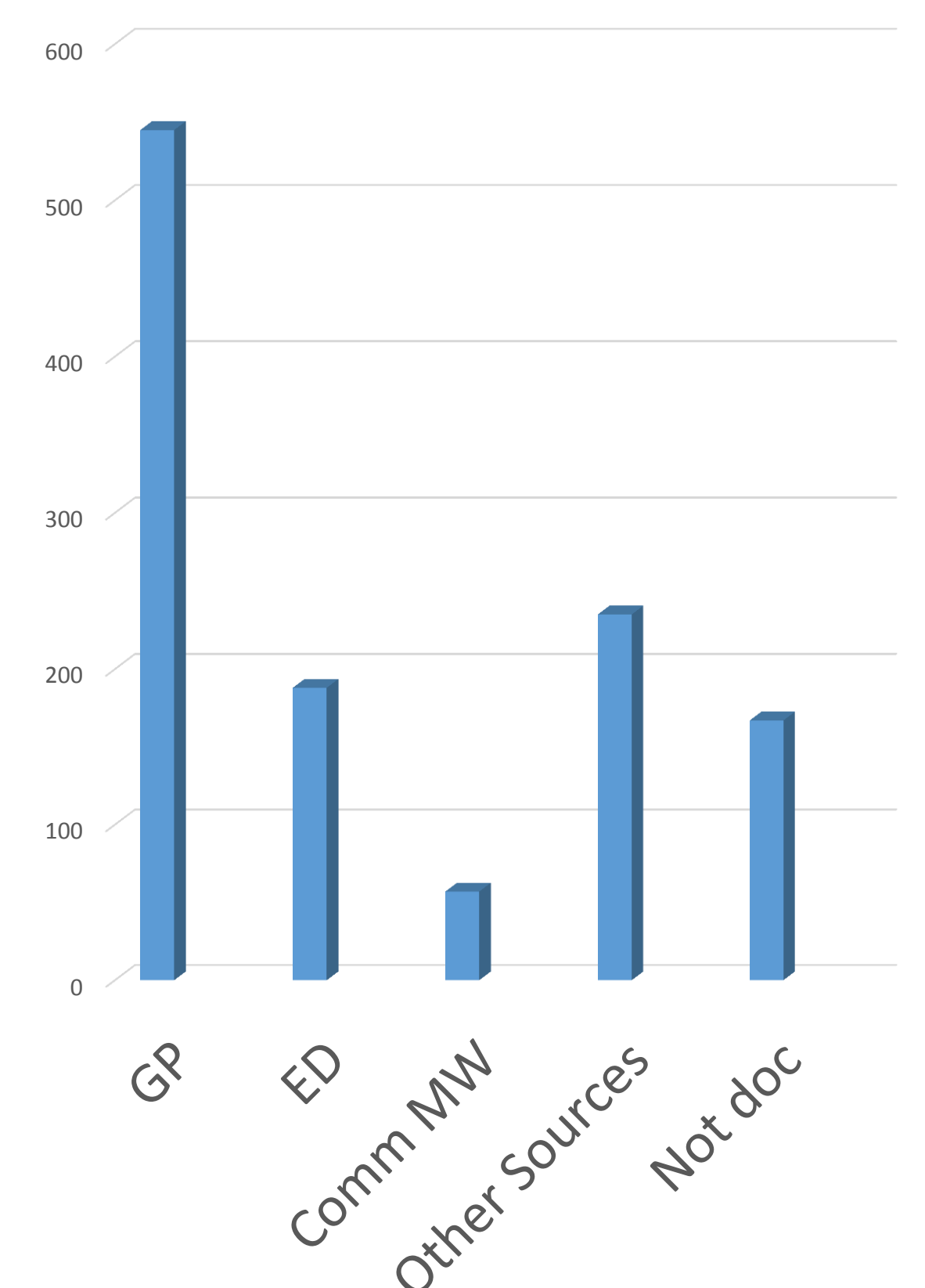
- ❖ To reduce hospital admission by treating the child in P.A.W. over a 6 hour period and then discharge home.
- ❖ To reduce the burden of admission.
- ❖ To provide a short stay ward and minimise the disruption for family members.
- ❖ To provide a paediatric advice line (P.A.L.) that would triage all referrals live and direct to the most appropriate service.

Ambulatory Presentations



■ URTI ■ LRTI ■ FEEDING ■ GASTRO ■ HEPATIC
■ SKIN ■ NEURO ■ MSK ■ OTHER ■ GU
■ CVS ■ ABDO ■ HAEM

P.A.W. Source of referrals 2015



Methodology

Hourly monitoring and data collation was done on a daily basis. We monitored individual attendances and hourly activity in the unit. We have analysed activity over a 12 month period in 2015. This is an on-going audit. The data reflected the sources of the referral, duration of the stay, their diagnosis and the final outcome. The data was transferred daily onto an excel spreadsheet where we could see trends of illnesses, age groups and any increases in referral source.

Methodology

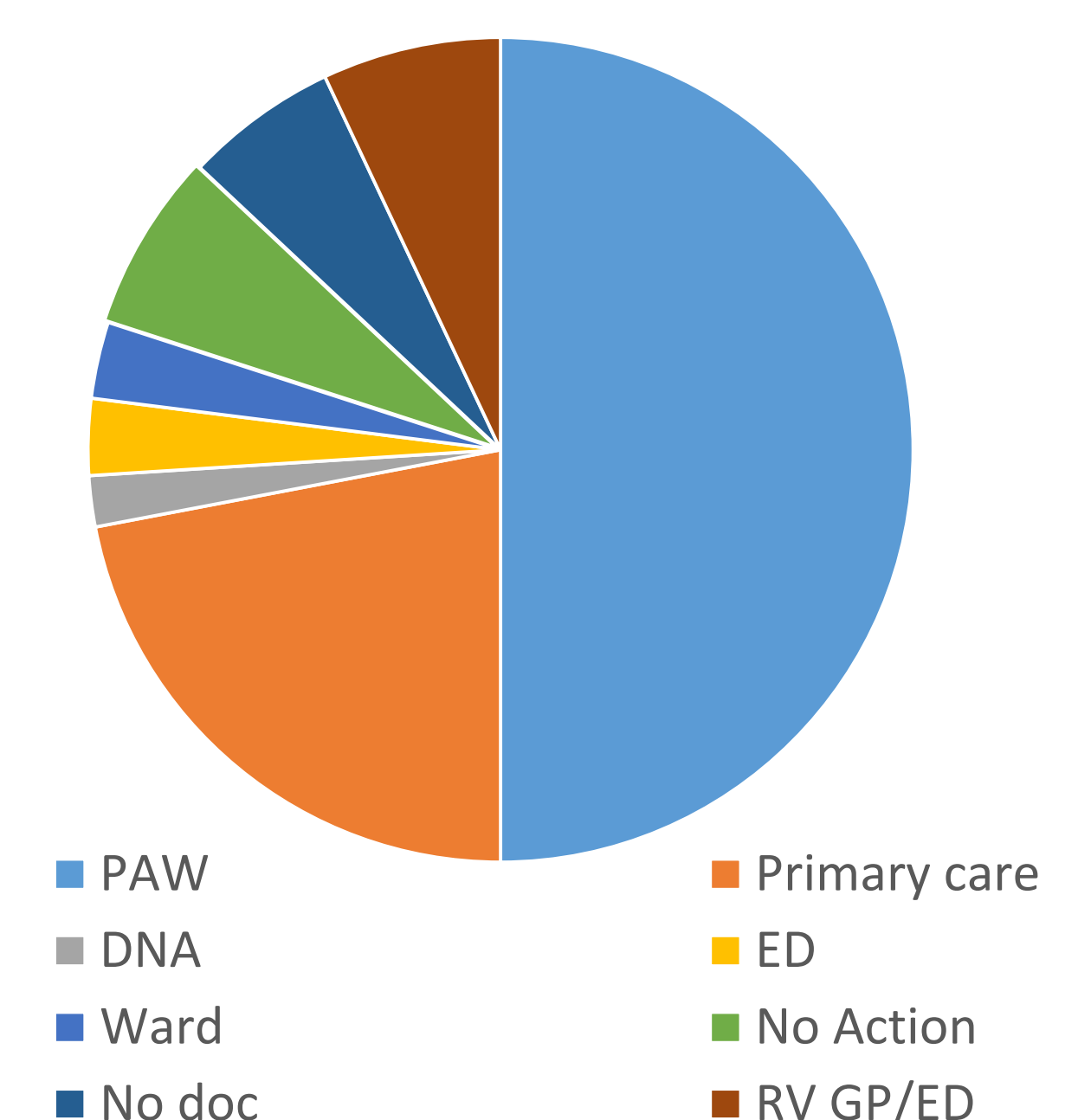
The paediatric ambulatory line (P.A.L.) is a direct phone line to the P.A.W. The phone is held by the ApNp or Staff Grade. All referrals come through this line and triaged appropriately. The calls are documented on a call template obtaining information on vital signs, presentation and outcome of call. The P.A.L. is an essential tool in managing P.A.W. We have analysed a period 1st October-13th Nov 2015 and looked at the outcomes of the calls.

P.A.L. Results - 01/10/15 - 13/11/2015

There were 100 calls documented in this 6 week period. As a result of the P.A.L. the children were triaged and directed to the most appropriate service.

- 50% went to P.A.W for assessment.
- 7% No action required.
- 22% managed by the referrer.
- 2% DNA.
- 3% went to ED , 3% directed to paediatric ward.
- 7% calls were asked to review the child later.
- 6% calls did not have the outcome documented.

P.A.L. Outcomes



Impact to Patient Care through the success of Innovation & Implementation

The extension of opening hours and short stay assessments has provided flexibility to patients. The relief of not having to spend a night in the hospital is a great psychological benefit for parents and the children. Primary Care Teams have a single point of contact for phone advice and referrals thereby reducing the burden on the Emergency Department staff & Paediatric Ward.

Conclusion

P.A.W. aimed to reduce admissions to the paediatric ward. This objective was met by discharging 80.8% of P.A.W. referrals that would otherwise have been referred to the Emergency Department or the ward. By asking the Primary Care Teams to utilise the P.A.L. children were directed to the most appropriate service. At the height of our busiest season, in December 2015, 110 acute assessments attended P.A.W. and only 15 children required admission allowing for an 86% discharge rate from P.A.W. The P.A.L directed 94 referrals appropriately with only 6 requiring attendance to Emergency Department or the ward. These examples are a snapshot that reflects an increasing trend towards reducing admissions and helps to utilise the wards resources in a better manner.

References (1) Quality and Productivity Page 1 www.evidence.nhs.uk/qualityandproductivity Reduction in paediatric admissions. NHS Institute for Innovation and Improvement. Sept 2009 .

(2) Fundamentals of commissioning child health services for Children. Kate Andrews (2011) NHS. (3) Department of Health (DH) (2007) National Service Framework for Children Young People and Maternity Services: Core Standards [online]. Available at

www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/Browsable/DH_4094329 [Accessed 10 December 2010] (4) Specialist and advanced Children's & young people's nursing practice in contemporary health care: guidance for nurses & commissioners Royal College of Nurses 2014. www.rscn.org/_data/assets.